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Atty. Dkt. No. 056274-2351

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. KAUVAR, et al.

Title: THERAPEUTIC
COMPOSITIONS
CONTAINING
GLUTATHIONE ANALOGS

Appl. No.: 09/903,442

Appl. Filing Date: 7/10/2001

Examiner: Gollamudi S. Kishore

Art Unit: 1615

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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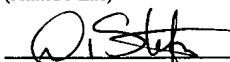
April 20, 2005

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Laura DiStefano

(Printed Name)


(Signature)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. **Submission required** under 37 C.F.R. § 1.114: (check items that apply)

a. Previously submitted:

04/25/2005 AWONDAF1 00000107 09903442

01 FC:1801
02 FC:1251

790.00 OP
120.00 OP

☒ Please enter and consider the amendment/reply previously filed on March 22, 2005.

b. Enclosed are:

☒ Copy of Amendment as filed March 22, 2005 (15 pgs.);

☒ Other: Copy of a new Power of Attorney and Change of Correspondence Address as filed for this case via Facsimile on April 19, 2005 (4 pgs.);

☒ Return Receipt Postcard.

Miscellaneous:

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	24	- 52	=0	x \$50.00	= \$0.00
Independents	2	- 3	=0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Check No. 1179 in the amount of 910.00 to cover the filing fee is enclosed.

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00	1	\$120.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
EXTENSION FEE SUBTOTAL:				\$120.00
EXTENSION FEE ALREADY PAID:				- \$0.00
EXTENSION FEE TOTAL				\$0.00
CLAIMS AND EXTENSION FEE TOTAL:				0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$0.00
-2- TOTAL FEE:				910.00

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 20 April 2005

By Hugo M. Eng

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